

## **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** July 23, 2003

**RE: MDR Tracking #:** M2-03-1070-01

**IRO Certificate #:** 5242

\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Psychiatrist physician reviewer who is board certified in Psychiatry. The Psychiatrist physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant is a 27-year-old woman who was reportedly injured while she was working at a retail store doing inventory and a fishing net fell off a shelf and struck her on her head and neck. She was diagnosed with a head contusion and neck pain and given treatment including heat and medication. She had x-rays and a CT scan which were negative. She was referred to the \_\_\_\_\_ by her neurologist. There, she has been engaged in individual therapy and biofeedback therapy, but continues to have complaints of neck pain and right shoulder pain and headaches. She is following the biofeedback treatment and individual therapy. It was recommended that she participate in their chronic pain management program which consists of medication management, individual therapy, group therapy, biofeedback therapy, physical conditioning, massage therapy and vocational counseling. This treatment was denied by the carrier initially with the reasoning that it was duplicative of the services that she was already receiving and that she has been in therapy, biofeedback and physical therapy. This decision was appealed and on the second denial it was recommended that she be evaluated for trigger point injections and that the chronic pain program was not medically indicated when a lesser level of care may treat her condition. They recommended the evaluation for the trigger point injections and if she was unable or refusing to do that, have her continue with the biofeedback and home exercises.

### **Requested Service(s)**

Review medical necessity of a multi-disciplinary pain management program for thirty (30) sessions.

## **Decision**

I agree with the insurance carrier that the chronic pain management program is not medically necessary at this juncture.

## **Rationale/Basis for Decision**

I agree with the insurance company's reviewer that she could be treated in a less intensive treatment mode. She has only had five sessions of individual therapy and biofeedback. This is not very many sessions and it's reasonable that they suggest she continue to stay in this treatment modality for the time being to see if she can obtain some significant benefit from that. Additionally, the insurance carrier is correct in that she has had physical therapy, she does have somebody managing her medications and she is in biofeedback, and the individual therapy. Therefore, a lot of the chronic pain management program would be a duplication of services.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.